Name:	Title:	
Email:	Telephone number:	
Division:	Status: Gov employee Contra	actor Other
Lab Facility:	If Contractor specify Agency:	
I would like to participate on the following cruises (circle all choices):		
Sea State vs Catch Rate & Atl. Cod Jan 20 - 29 Winter BTS Leg 1: Feb 2 - 13 Leg 2: Feb 17 - 28 Winter Fishing Power Leg 1: Feb 2 - 13 Leg 2: Feb 17 - 28 Spring BTS Leg 1: Mar 1 - 12 Leg 2: Mar 15 - 26 Leg 3: Mar 29 - April 9 Trawl Survey Standardization March 29 - April 9 Supervisor's approval:		
Name:	Signature:	Date:
Previous Experience, please check if you have:		
1. Experience as a cutter	: Some Freque	ntly
2. Experience as a recorder: Some Frequently		
3. Experience with FSCS:		
Recorder Loading Data Solving database issues		
4. Watch Chief experience: Before FSCS With FSCS		
5. Chief Scientist experie	ence	
Comments:		
Emergency Contact: Name Relationship:		
Home Phone ()Ce	ell Phone() Work	Phone ()
<pre>Email(If applicable):</pre>		
Do you have any special food requirements?		
Once completed Please mail/Fay to: Stacy Rowe		

Once completed Please mail/Fax to: Stacy Rowe

NOAA/NMFS

166 Water Street
Woods Hole, MA 02543

FAX 508-495-2258